

Quality Assurance Plan

The purpose of this document is to outline guidelines for the Quality Assurance Plan for _____, APRN _____ while practicing at _____.

The APRN's specialty area is _____.

Quality Assurance Plan of Action:

- Once per quarter, a minimum of _____ of the APRN's charts will be randomly selected by the collaborating physician(s) for review. Some charts may be selected based on specific medical conditions and treatments.
- Patient interviews may be included to demonstrate patient satisfaction
- Review of all practice issues regarding patient problems or complaints
- Feedback from the chart review will be documented and reviewed with the APRN by the collaborating physician(s)
- Any recommendation for improvement will be addressed and documented in a timely manner
- Any recommendations that are not satisfactorily met by the APRN will be referred for further review with the medical staff for administrative action
- The collaborative practice physician(s) will provide consultation to the APRN on an ongoing basis

This Quality Assurance Plan will be reviewed, signed, and dated on an annual basis. Documentation and evidence of compliance of the Quality Assurance Plan will be maintained. Please add an additional signature page for collaborating physicians if applicable.

(Signature of APRN)

(Date signed)

(Signature of collaborating physician)

(Date signed)

***APRNs with prescriptive authority shall provide a copy (with signatures) of this QA Plan (along with a copy of the Collaborating Practice Agreement) to the AR State Board of Nursing (ASBN): with submission of a new collaborative practice agreement or as requested. Completed forms should be safely stored in the APRN's employee file for documentation of compliance to the QA Plan.**